FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

PROCESSED

APR 2 2 2008

THOMSON FINANCIAL

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

_1432	788							
OMB APPROVAL								
OMB Number:								
SEC	USE ONLY							
Prefix	Serial							
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DATE	RECEIVED							
1	1							

Filing Under (Che Type of Filing:	ck box(es) that apply): New Filing	☐ Rule 504 ☐ Amendment	Rule 505	⊠ Rule 506	☐ Secti	⊏∏aM @⊞®o Secti	
		A. BASI	CIDENTIFICAT	ION DATA		APR 15	2008
 Enter the info 	rmation requested about th	e issuer					
Name of Issuer	check if this is an a	mendment and name h	nas changed, and in	dicate change.		Washingti	ori, DC
SPM Directional	Mortgage Prepay Master I	Fund II, L.P.				1 <u>11</u>	•
Address of Execut	ive Offices		(Number and Stree	et, City, State, Zip C	ode) Tele	phone Number ((Including Area Code)
c/o Structured Se 89119	rvicing Transactions Gro	up, L.L.C., 2215 B Rea	naissance Dr., Ste	. 5, Las Vegas, NV		(203) 3	51-2873
Address of Princip	al Offices		(Number and Stree	et, City, State, Zip Co	ode) Tele	phone Number ((Including Area Code)
(if different from Ex	kecutive Offices)						
Brief Description o	f Business: Private In	vestment Company					
						H ario Brishtino Bri u	ATATA BOUR ANNO ANDRE DON CALO
Type of Business (Organization						
	□ corporation	🛭 limited p	artnership, already	formed	othe	1 (1881))	
	☐ business trust	☐ limited p	partnership, to be fo	rmed		080	46643
Actual or Estimate	d Date of Incorporation or C	Organization:	Month 2	Yea 0	8		☐ Estimated
Jurisdiction of Inco	rporation or Organization:	•		•			~7
		C	N for Canada; FN fo	or other foreign jurisc	liction)	D E	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

not required to respond unless the form displays a currently valid OMB control number. A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. □ Executive Officer □ Director Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner 🔯 General and/or Managing Partner Full Name (Last name first, if individual): Structured Servicing Transactions Group, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code): 2215-B Renaissance Drive, Suite 5, Las Vegas, Nevada 89119 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Brownstein Donald, I. Business or Residence Address (Number and Street, City, State, Zip Code): c/o Structured Servicing Transactions Group, L.L.C., 2215 B Renaissance Drive, Suite 5, Las Vegas, Nevada 89119 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Kron, Kenneth Business or Residence Address (Number and Street, City, State, Zip Code): c/o Structured Servicing Transactions Group, L.L.C., 2215 B Renaissance Drive, Suite 5, Las Vegas, Nevada 89119 Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Director ☐ General and/or Managing Partner Mok, William Full Name (Last name first, if individual): Business or Residence Address (Number and Street, City, State, Zip Code): c/o Structured Servicing Transactions Group, L.L.C., 2215 B Renaissance Drive, Suite 5, Las Vegas, Nevada 89119 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Russell, Christopher Business or Residence Address (Number and Street, City, State, Zip Code): c/o Structured Servicing Transactions Group, L.L.C., 2215 B Renaissance Drive, Suite 5, Las Vegas, Nevada 89119 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director □ Administrator Full Name (Last name first, if individual): SS&C Technologies, Inc. Business or Residence Address (Number and Street, City, State, Zip Code): Pareraweg 45, P.O. Box 4671, Curacao, Netherlands Antilles Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): SPM Directional Mortgage Prepay Fund II, L.P. Business or Residence Address (Number and Street, City, State, Zip Code): c/o Structured Servicing Transactions Group, L.L.C.,

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

SPM Directional Mortgage Prepay Offshore Fund II, Ltd.

☐ Executive Officer

2215 B Renaissance Drive, Suite 5, Las Vegas, Nevada 89119

□ Director

c/o Structured Servicing Transactions Group, L.L.C., 2215 B Renaissance Drive, Suite 5, Las Vegas, Nevada 89119

General and/or Managing Partner

Check Box(es) that Apply:

Full Name (Last name first, if individual):

☐ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code):

⊠ Beneficial Owner

					В,	INFORM	MATION	ABOUT	OFFER	ING			
1.	Has the issu	er sold, or	does the is	suer inten			edited inve cendix, Co					☐ Yes	⊠ No
2.	\cdot									000,000° ay be walved			
3.	Does the offe	ring permi	it joint own	ership of a	single uni	t?	,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	□ No
	Enter the info any commiss offering. If a and/or with a associated po	ion or simi person to state or st	ilar remune be listed is ates, list th	eration for an associ ne name of	solicitation ated perso f the broke	of purcha on or agen r or deale	sers in cor t of a broke f. If more t	nnection w er or deale than five (5	ith sales or r registere b) persons	f securities d with the to be liste	s in the SEC d are		
Full f	lame (Last n	arne first, i	f individual)		_							
Busin	ess or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)						
Nam	of Associate	ed Broker	or Dealer										
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Full N	lame (Last na	ame first, if	f individual)					-				
Busin	ess or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)	······································		,			
Name	of Associate	ed Broker o	or Dealer										
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Busin	ess or Reside	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (Code)		,				
Name	of Associate	d Broker o	or Dealer										
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□ [M	T) [NE]	□ [NV]	□ [NH]	□ [NJ]	[[NM]	[NY]	[NC]	□ [ND]	□ (OH)	□ [OK]		□ [PA]	
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C	OFFERING PRICE	NUMBER	OF INVESTORS	FYDENSES	AND USE OF PROCEEDS	:
U.	OFFERING PRICE.	. NUNDER	OF HIVES! ONS.	. EXPENSES	MIND USE OF PROCEEDS	۰

1,	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this				
	box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		Aggregate	,	Amount Already
	Type of Security		fering Price		Sold
	Debt	\$		\$	
	Equity	\$		\$	
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$		<u>\$</u>	····
	Partnership Interests	\$	500,000,000	\$	17,250,000
	Other (Specify))			\$	
	Total	\$_	500,000,000	<u>\$</u>	17,250,000
	Answer also in Appendix, Column 3, if filling under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		2	\$	17,250,000
	Non-accredited Investors	<u></u>		\$	
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filling under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of Offering		Types of		Dollar Amount
			Security	_	Sold
	Rule 505			<u>\$</u>	
	Regulation A			<u>\$</u>	
	Rule 504			\$	
	Total			<u>\$</u> _	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	
	Legal Fees			\$	10,000
	Accounting Fees	.41+1+		\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify)			\$	
	Total			\$	10,000

4	b. Enter the difference between the aggregate offering price g	iven in response to Part C	-	· · · · · · · · ·		
5	"adjusted gross proceeds to the issuer."	issuer used or proposed t	o be	e	<u>\$</u>	499,990,000
	estimate and check the box to the left of the estimate. The total	of the payments listed mu-	st equal	Payments to Officers,		Payments to
				Affiliates		Others
				\$	_ 0	<u>\$</u>
				\$		\$
	Purchase, rental or leasing and installation of machinery	and equipment		\$	_ 🗆	\$
	Construction or leasing of plant buildings and facilities			<u>\$</u>	_ 🗆	\$
	offering that may be used in exchange for the assets or s	ecurities of another issuer		\$		\$
	Repayment of indebtedness			\$	_ 🗆	\$
				\$	_	\$ 499,990,000
	• .			\$		\$
		_		\$	_	\$
				\$	 ⊠	\$ 499,990,000
				× × ×		
						
	D. Fl	EDERAL SIGNATUR	E			· · · · · · · · · · · · · · · · · · ·
CO	nstitutes an undertaking by the issuer to furnish to the U.S. Securi	ties and Exchange Comm				
		ture			Date:	
		(S)			April	11, 2008
	ristopher Russell – By S	tructured Servic				
	Chri	stopher Russell,				
	Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the 'adjusted gross proceeds to the issuer.' Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. above. Payments to Officers, Directors & Affiliates Sataries and fees					
					\$ 499,990,000 S	
		ATTENTION				
	Intentional misstatements or omissions of	fact constitute federal cr	iminal v	riolations. (See 18 U.S.	C. 1001.)	

-		E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.262 present		☐ Yes ☐ No
	See Appe	endix, Column 5, for state response.	
18 公司 (1915年) 1915年 (1915年)	ed a notice on Form D		
3.	The undersigned issuer hereby undertakes to furn	ish to the state administrators, upon written request, information fu	rnished by the issuer to offerees.
4.	Exemption (ULOE) of the state in which this notice	is filed and understands that the issuer claiming the availability of	
		to be true and has duly caused this notice to be signed on its behavior	alf by the undersigned duly
		Signature	Date
Mortga	ge Prepay Master Fund II, L.P.		April 11, 2008
	•	By Structured Servicing Transactions G Partner, by Upper Shad Associates, Mem	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APF	PENDIX						
1		2	3	·		4		5			
	to non-a	I to sell ccredited s in State – Itern 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and amount purchased in State (Part C – Item 2)						
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL											
AK											
AZ											
AR											
CA											
СО											
СТ		Х	\$500,000,000	1	\$8,750,000	0	\$0		Х		
DE											
DC											
FL											
GA											
HI											
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1		2	3			4		5	5
	to non-a- investors	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of ir Amount puro (Part C	State waiver			
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NY									
NC							·		1
ND		-						 	
ОН									
ОК								[
OR									
PA									
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sc									
SD									
TN							·		
TX									
UT								<u> </u>	
VT									<u> </u>
VA			··					ļ <u>.</u>	<u> </u>
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Non		x	\$500,000,000	1	\$8,500,000	0	\$0		×

